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**POWER OF ATTORNEY  
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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/607,583
Filing Date	June 25, 2003
First Named Inventor	Kai Y. Xu
Title	Inotropic antibodies and .....
Art Unit	1644
Examiner Name	Z. Skelding
Attorney Docket Number	BBC6-08/134B

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:   
OR

☒ Practitioner(s) named below:

Name	Registration Number
Dr. Raj Bawa	51,385

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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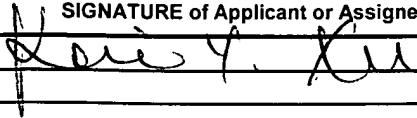
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bawa Biotechnology Consulting LLC				
Address	21005 Starflower Way				
City	Ashburn	State	VA	Zip	20147
Country	USA				
Telephone	703-582-1745; 703-723-0034	Email	bawabio@aol.com		

I am the:

☒ Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	June 23, 2008
Name	Kai Y. Xu	Telephone	410-666-1761
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

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Filing Date	June 25, 2003
First Named Inventor	Kai Y. Xu
Art Unit	1644
Examiner Name	Z. Skelding
Attorney Docket Number	BBC6-08/134A

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

☒ Firm or  
Individual Name Dr. Raj Bawa  
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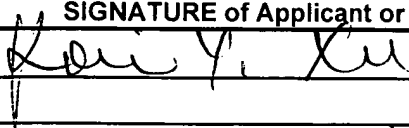
Email bawabio@aol.com

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**SIGNATURE of Applicant or Assignee of Record**

Signature 

Name Kai Y. Xu

Date June 23, 2008

Telephone 410-666-1761

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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